Tickets	Provided	by
Agency	Report	•

## A Public Document

TICKETS PROVIDED BY AGENCY REPORT

. Agency Name			Date Stamp	California O O C
County of Los Angeles		İ		Form 6U2
Division, Department, or Region (ii	f applicable)			For Official Use Only
Los Angeles County Arts Comm	ission			
Street Address				
1055 Wilshire Boulevard, Suite 8	300			
Area Code/Phone Number E-ma	ail		garring .	
(213) 202-5858 mgonzalez@arts.lacounty.gov			Amendment (Must explain in Part 5.)	
Agency Contact (name and title)		Hamilton M. J. C.	Date of Original Filing	
Miriam Gonzalez		•		(month, day, year)
. Event For Which Tickets We	re Distributed		transport of the second state of the second	
Date(s) of Event:718/_	09 Description of Eve	nt. Music perfo	rmance and annual f	undraiser
	Face Value of Tick	(et: \$	***************************************	
Agency Event ☐ Yes 🗵	No (Identify source of tick	ets below.)		
Name of Outside Source of Ticker	t(s) Provided to Agency: G	rand Performan	ces	
	2			
Number of Tickets Received:	2 Ticket(s) Pro	ovided to Agency	/: ⊠ Gratuitously	☐ Pursuant to Contrac
Agongy Official(a) Bookining	7": -14(-)	_		
Agency Official(s) Receiving	licket(s) (use a continuati			
Name of Official (Last, First)	Number of Tickets			
	of fickets	Descrit	be the Public Purpose f	or the Distribution
Zucker, Laura	2	Policy No 3.0	1 5.3b - Job duties o	f the County official
		1		
		require his/he	r attendance at the e	event.
Individual or Organization Re	eceiving Ticket(s) (Provi	ded at the behest	of an agency official.)	
Name of Behesting Agency Officia	al·			
The state of the s			<u> </u>	
Name of Individual or Organizatio	n:		Numb	er of Tickets:
Description of Organization:				
Description of Organization:				
		City		State Zip Code
Description of Organization:  Address of Organization:  Number and	d Street	City		State Zip Code
Description of Organization:	d Street	City	ganization.)	State Zip Code
Description of Organization:  Address of Organization:  Number and	d Street	City	ganization.)	State Zip Code
Description of Organization:  Address of Organization:  Number and Purpose for Distribution: (Describe	d Street	City	ganization.)	State Zip Code
Description of Organization:  Address of Organization:  Number and Purpose for Distribution: (Describe  Verification	d Street e the public purpose for the di	City stribution to the or		
Description of Organization:  Address of Organization: Number and	d Street  e the public purpose for the dis	City stribution to the or		
Description of Organization:  Address of Organization:  Number and Purpose for Distribution: (Describe	d Street e the public purpose for the di	City stribution to the or n accordance with		